# **Division of Behavioral Health Services** CULTURAL COMPETENCE ACTIVITIES ASSESSMENT

NAME:	

Please enter the appropriate number to indicate the status of the cultural competency activity in your agency.

## **STATUS CODES**

I.	Deputy Director's Personal Leadership	<u>Current Status</u>
	• The Deputy Director consistently identifies cultural competence as a high priority in speeches and other public communications.	
	<ul> <li>The Deputy Director has assigned staff and resources for promoting cultural competence.</li> </ul>	
	<ul> <li>The Deputy Director periodically receives reports to check on implementation of these cultural competence strategies and the accomplishment of intended objectives.</li> </ul>	
	<ul> <li>You consistently identify cultural competence as a high priority in speeches and other public communications.</li> </ul>	
	• You have assigned staff and resources for promoting cultural competence.	
	<ul> <li>You periodically receive reports to check on implementation of these cultural competence strategies and the accomplishment of intended objectives.</li> </ul>	
II.	Staff and Stakeholder Commitment	
	<ul> <li>The job descriptions of senior management staff include the promotion of cultural competence.</li> </ul>	
	• The Deputy Director includes cultural competence objectives in the performance appraisal of senior management staff.	
	• The Deputy Director advocates for cultural competence in the broader mental health community and stakeholder organizations.	
	• Senior management reflects the race/ethnicity demographics of the state.	
III.	Responsibility for Cultural Competence	
	• A person exists with overall responsibility for cultural competence. (If less than 1 FTE then what percent of FTE:)	<del></del>
	• The cultural competence position is at the "cabinet" or senior executive level.	

## **STATUS CODES**

		Current Status
	• The person responsible for cultural competence has direct access to the Deputy Director.	
	<ul> <li>The person has responsibility for review of major policies and agency products to ensure that cultural competence is included and/or addressed.</li> </ul>	
	• The person has control of a budget for cultural competence activities.	
IV.	Cultural Competence Advisory Committee	
	A cultural competence advisory committee exists.	
	• The advisory committee includes representative of the major race/ethnicity groups in the state (groups that are 5% or greater of the state population).	
	• The advisory committee includes a person who is deaf or hard of hearing.	
	<ul> <li>The advisory committee includes consumers and family members of the different race/ethnicity groups.</li> </ul>	_
	• The Commissioner meets periodically with the advisory committee.	<del></del>
	<ul> <li>The committee is responsible for reviewing policies and making recommendation related to cultural competence.</li> </ul>	
	• The committee receives reports related to the implementation status of its recommendations.	
V.	V. Organizational Self-Assessment	
	• The agency has a current (within last two years) organizational self-assessment related to cultural competence.	
	<ul> <li>The self-assessment was conducted at multiple levels including Central Office, state hospitals, and community mental health centers.</li> </ul>	
	<ul> <li>The organizational self-assessment includes an analysis of state population and demographics, including poverty level.</li> </ul>	
	<ul> <li>The self-assessment includes a workforce analysis of the         <ul> <li>race/ethnicity/gender of direct and contracted providers</li> <li>and their languages capacities.</li> </ul> </li> </ul>	_
	<ul> <li>The self-assessment includes a description of how the system promotes cultural competence formally (e.g. hiring practices) and informally (e.g. multicultural events).</li> </ul>	
	• The self-assessment occurs periodically (at least once every two years).	
VI.	Data Analyses	

## **STATUS CODES**

	<ul> <li>Data elements exist in state mental health agency information systems that reflect the race/ethnicity composition of the populations to be served. These include:</li> </ul>		Current Status
		<ul> <li>a. Race</li> <li>b. Ethnicity</li> <li>c. Age</li> <li>d. Gender</li> <li>e. Poverty level</li> <li>f. Languages spoken</li> <li>g. Country of origin</li> <li>h. Religion</li> </ul>	
	•	Agency monthly, quarterly, and annually reports related to utilization, performance measures, and outcomes routinely include race/ethnicity breakouts.	
	•	Analyses are regularly conducted to examine disparities in services (medications, rehabilitation, clinical, in-home, etc.)	
	•	Results are disseminated to participating organizations.	
VII.	Cultu	iral Competence Plan	
	•	A current cultural competence plan exists.	
	•	The plan covers all administrative organizational components in its purview. (That is, cultural competence should be a requirement and responsibility at all administrative and organizational levels.)	
	•	The cultural competence plan specifically addresses disparities identified through analyses.	
	•	The cultural competence plan has measurable objectives.	
	•	The cultural competence plan is disseminated widely throughout the system.	
	•	The cultural competency plan is reviewed annually.	
	•	The cultural competence plan includes the development of culture-specific services.	
VIII.	Ling	uistic Competence	
	•	Data is available related to the language needs of the population to be served and persons receiving services.	
	•	Language skills of staff are monitored and updated.	
	•	Standards exist for qualified mental health interpreters.	
	•	Provider and service are available in key languages.	
	•	Provider and service directories include information on language assistance available at its organizational components.	

## **STATUS CODES**

	<ul> <li>The DBHS provides or helps organizations to obtain educational materials translated into the identified languages.</li> </ul>	
	<ul> <li>The DBHS provides or helps obtain key administrative and procedural documents in key languages.</li> </ul>	<u>Current Status</u>
	• The DBHS maintains or helps develop directories of qualified interpreters.	
	• The SMHA provides or assists organizations in obtaining training materials for clinical staff in the use of interpreters.	
IX.	Standards and Contractual Requirements	
	<ul> <li>Standards of care exist that specifically address cultural competence (e.g. CLAS standards).</li> </ul>	
	<ul> <li>Contracts with local authorities and service agencies include cultural competence requirements.</li> </ul>	
	Reporting requirements include break-outs by race/ethnicity.	
	<ul> <li>Reporting requirements specifically include activities related to promoting and sustaining cultural competence.</li> </ul>	
	<ul> <li>Cultural competence is included in quality assurance and quality improvement activities and projects.</li> </ul>	
Х.	Resources	
	• Resources are designated specifically for cultural competence training.	
	<ul> <li>Resources are designated (or are available) for language and qualified interpreter services.</li> </ul>	
	• Resources are designated for culture-specific programs and services.	
	<ul> <li>Resources are allocated <u>statewide</u> for cultural competence training and related services.</li> </ul>	
	• Resources are allocated specifically to reduce disparities.	
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